

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Rita Martinson
Address 1472 Highway 51 - Madison County Madison
Telephone (Work) 601-942-8772 (Home) 601-856-4977 (Fax) 601-853-6629
Contact Name Rita Martinson Email Address lumbm@bellsouth.net
Office Sought State House of Representatives Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	1,000 + \$	\$ 1,000	\$ 1,000
Total amount of disbursements \$	721 + \$ 2611	\$ 3,332	\$ 3,332
Total amount of cash on hand		\$ 6,732.76	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Rita Martinson
(Signature of Candidate)

January 28, 2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RM - This is a corrected report from last year -

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Rita MartinsonReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific Financial Mngmt LLC</u>		<u>11/22/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		___/___/___	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		___/___/___	\$
Name of Employer (Required) <u>George H. Geidry, Jr. Esquire</u>		___/___/___	\$
Occupation (Required) <u>Reg. Mngt., Gov't Affairs for Georgia Pacific</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Miss. PAC</u>		<u>11/28/08</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital St., Ste. 702</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>		___/___/___	\$
Name of Employer (Required) <u>Randy Russell, Mngt. Gov't Affairs AT&T</u>		___/___/___	\$
Occupation (Required) <u>" " " "</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Healthcare</u>		<u>11/28/08</u>	\$ <u>300.00</u>
Mailing Address <u>100 Bayer Rd.</u>		___/___/___	\$
City, State, Zip Code <u>Pittsburgh, PA 15205</u>		___/___/___	\$
Name of Employer (Required) <u>Mike Birdsong</u>		___/___/___	\$
Occupation (Required) <u>Dir. State Gov't Affairs for Bayer</u>		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>check into Cash of MS. Inc.</u>		<u>12/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 550</u>		___/___/___	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		___/___/___	\$
Name of Employer (Required) <u>Meredith Broyles</u>		___/___/___	\$
Occupation (Required) <u>Director Gov't Affairs</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

Rita Martinson

Reporting period

Jan. 1, 2008

through

Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name <u>St. Joseph Catholic School drawdown</u>	Date (Mo., Day, Year) <u>1/23/08</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>1/23/08</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>1/23/08</u>	\$
Purpose of Disbursement (Optional) <u>drawdown</u>	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name <u>U.S. Postal</u>	Date (Mo., Day, Year) <u>2/29/08</u>	Amount of each disbursement this period \$ <u>246.00</u>
Mailing Address	<u>2/29/08</u>	\$
City, State, Zip Code	<u>2/29/08</u>	\$
Purpose of Disbursement (Optional) <u>Stamps for mailout</u>	Aggregate Year-to-date	\$ <u>246.00</u>
C. Full name <u>American Legion Authority</u>	Date (Mo., Day, Year) <u>3/25/08</u>	Amount of each disbursement this period \$ <u>225.00</u>
Mailing Address	<u>3/25/08</u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>3/25/08</u>	\$
Purpose of Disbursement (Optional) <u>To sponsor a girl to Girl's State</u>	Aggregate Year-to-date	\$ <u>225.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/23/08</u>	\$
City, State, Zip Code	<u>1/23/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/23/08</u>	\$
City, State, Zip Code	<u>1/23/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/23/08</u>	\$
City, State, Zip Code	<u>1/23/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$